

Name  
in  
Full158  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Paromohaty</i>		Town <i>Paromohaty</i>		County <i>Monroeville</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>March</i>		Day <i>12</i>		Age <i>80</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Monroeville Co</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Near Paromohaty</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband					
Father's Name <i>Don't know</i>		Father's Birthplace <i>Monroeville Co</i>					
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>" "</i>					
Name of person giving Information <i>Sadie James</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary <i>Softening of Brain</i>	How long <i>2 years</i>
Immediate <i>Paralysis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F W C L...</i>
	Address <i>Paromohaty, Md</i>
Accident or Suicide	



Name  
in  
Full

Mary J. Brittingham

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

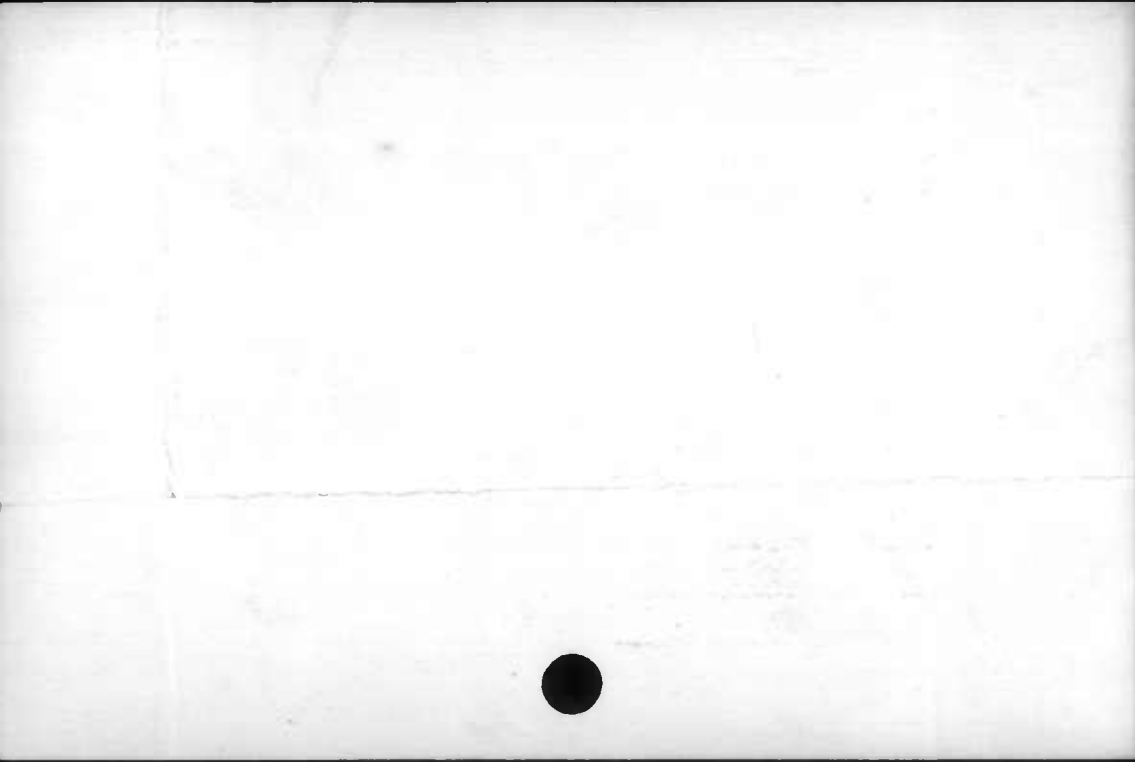
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Year	Months	Days	
1909		Mar	2	Age 66			
Sex	Female	Color or Race	Col.	Birth-place	Berlin		
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband			
Mary J. Brittingham							
Father's Name	Unknown			Father's Birthplace	Baltimore		
Mother's Maiden Name	Mary J. Durcon			Mother's Birthplace	Berlin		
Name of person giving Information	Heandy Brittingham			How related to deceased	Husband		

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Bright's Disease		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	Bethesda
Accident or Suicide			MD



Name  
in  
Full

Ernest Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

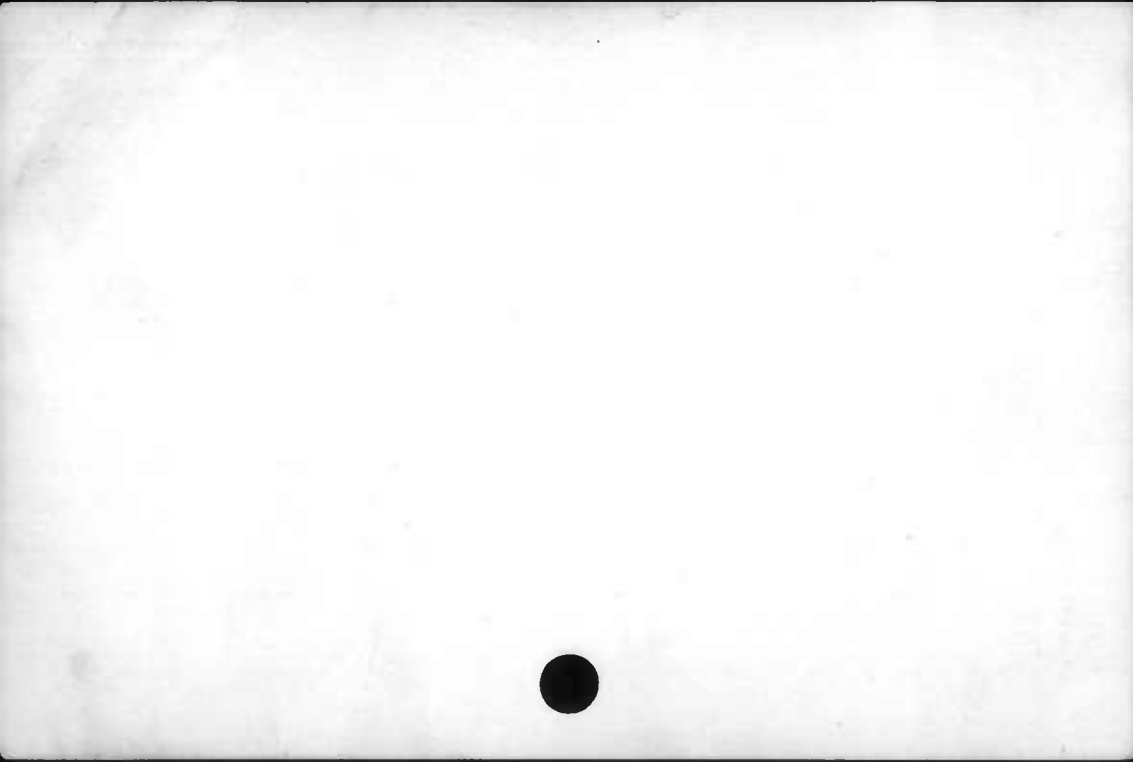
Died at		Town Snow Hill		County Worcester		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Mar	12	Age	4	15	
Sex		Male		Color or Race	White		Birth-place
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Ernest Brown		Father's Birthplace		Langhams	
Mother's Maiden Name		Gertrude Fowler		Mother's Birthplace		Ohio	
Name of person giving Information		Gertrude Fowler		How related to deceased		mother	

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	No Physician, suspicious, Inquest held, death from natural causes	How long
Immediate		How long
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician
yes		Address
		Snow Hill Md
Accident or Suicide		



Name  
in  
Full161  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

George Drummond -

Died at Coronah City Town Worcester County MARYLAND

Date of death 1909 Month March Day 28 Age 92 Years Months Days

Sex Male Color or Race Colored Birth-place Accomack Va.

Occupation Laborer Where Residing if not at place of death Coronah City

Married, Single or Widowed Married Name of Wife or Husband Rachael Hobbs

Father's Name Phillips Drummond Father's Birthplace Accomack Va.

Mother's Maiden Name Patience Mother's Birthplace " "

Name of person giving Information Jas Wharton How related to deceased Neighbor

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary Bright's How long Some years

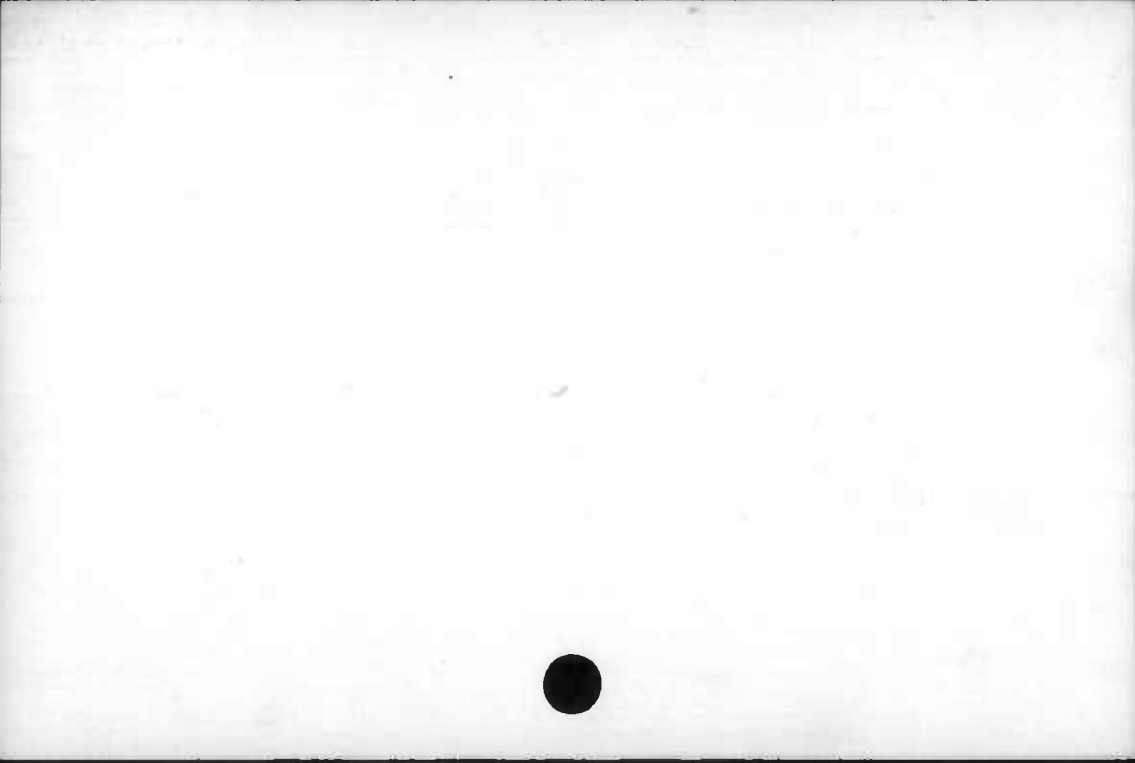
Immediate Exhaustion How long In bed 5 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Sam'l L. Lucas

Address Coronah City Md

Accident or Suicide





Name  
in  
Full

Rose, Hooker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

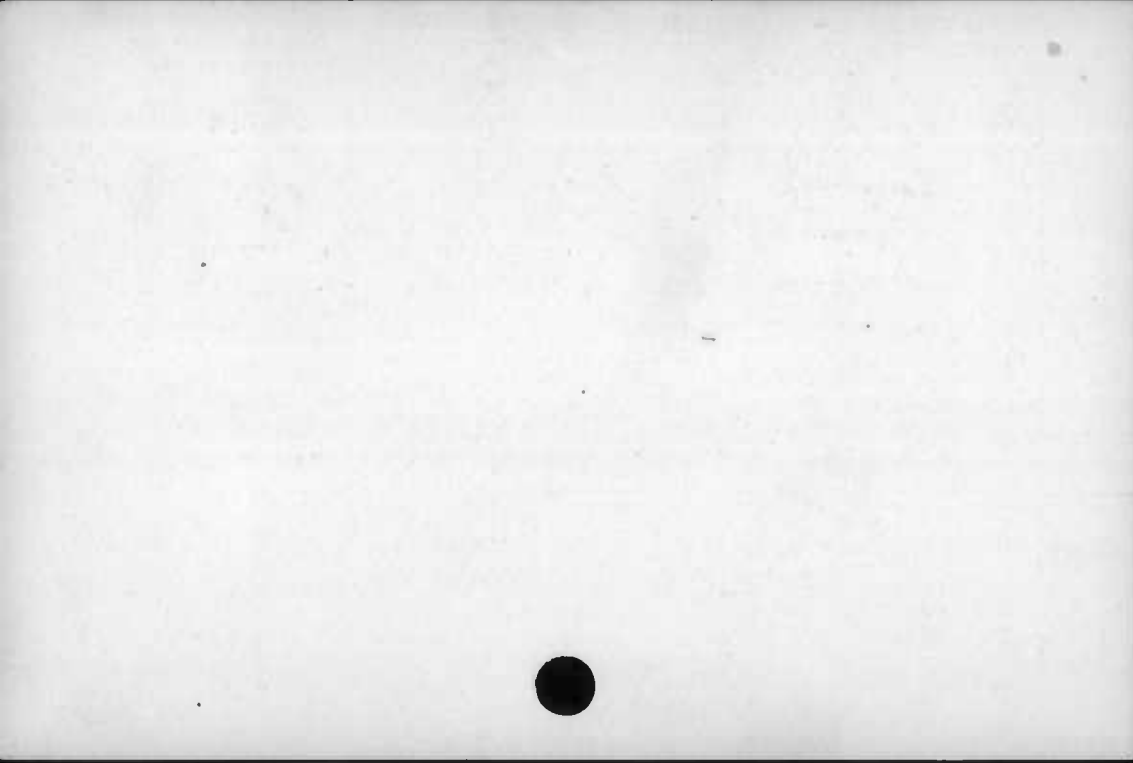
Died at <i>near Berlin</i> <sup>Town</sup>		<i>Nov.</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i>	Month <i>March</i>	Day <i>22</i>	Age <i>—</i> Years	<i>3</i> Months <i>—</i> Days
Sex <i>Female</i>	Color or Race <i>Col.</i>		Birth-place <i>near Berlin's</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>John Hooker</i>	Father's Birthplace <i>New Ark</i>		<i>and</i>		
Mother's Maiden Name <i>Charlott Collins</i>	Mother's Birthplace <i>New Ark</i>				
Name of person giving information <i>Lambert Steiger</i>	How related to deceased <i>none</i>				

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>No Doctor</i>	How long <i>unknown</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>No. Dr. in attendance</i>
<i>No Doctor</i>	Address <i>O.K. D.A. Massey</i>
Accident or Suicide?	



Name  
in  
Full

Mahdaly, Horlow

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Sympawant <sup>County</sup> Mon

Date of death 1909 <sup>Month</sup> Mar <sup>Day</sup> 22 <sup>Age</sup> 20 <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>

Sex Female Color or Race White Birth-place Sympawant

Occupation House Wife Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband John, Horlow

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Rittie Fisher Mother's Birthplace Sympawant

Name of person giving information Lambert Kostings How related to deceased None

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

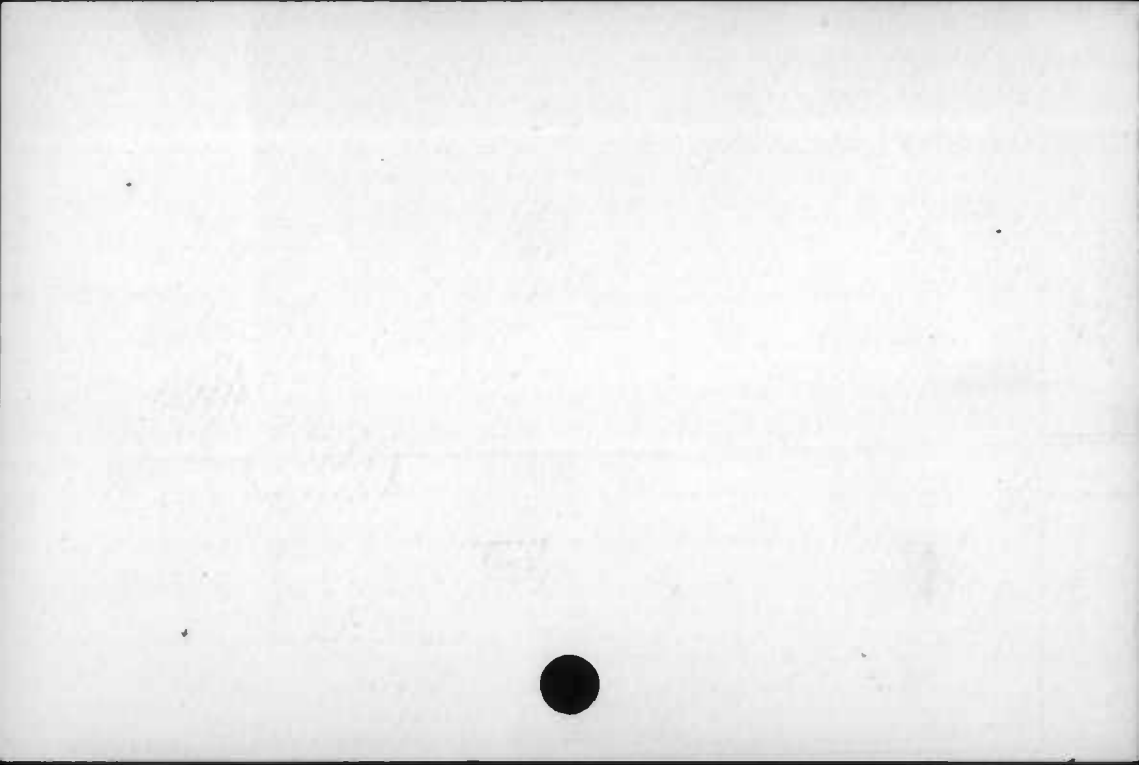
Primary How long

Immediate Tuberculosis of Lungs & Intestines 3 months

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician C. A. Irickam

Address Berlin Md

Accident or Suicide?



Name  
in  
Full

Daphne M. Hall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Whaleyville</i>		Town <i>Whaleyville</i>		County <i>Worcester</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Mar</i>	Day <i>7</i>	Years <i>56</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>House work</i>	Where Residing if not at place of death <i>At Home</i>						
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Ben Hall</i>						
Father's Name <i>unknown</i>	Father's Birthplace <i>unknown</i>						
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>"</i>						
Name of person giving information <i>Elizabeth Bonnellwood</i>	How related to deceased <i>Daughter</i>						

## CAUSES OF DEATH

142

PHYSICIAN  
OR CORONER

Primary <i>Dry Gangrenous Right Hand</i>	How long
Immediate <i>due to feeble circulation</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Holland at Berlin</i>
<i>T. Rayner</i>	Address <i>Washburn Doctor</i>
Accident or Suicide?	



Name  
in  
Full

William Thomas Howard Sr. <sup>19</sup> CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

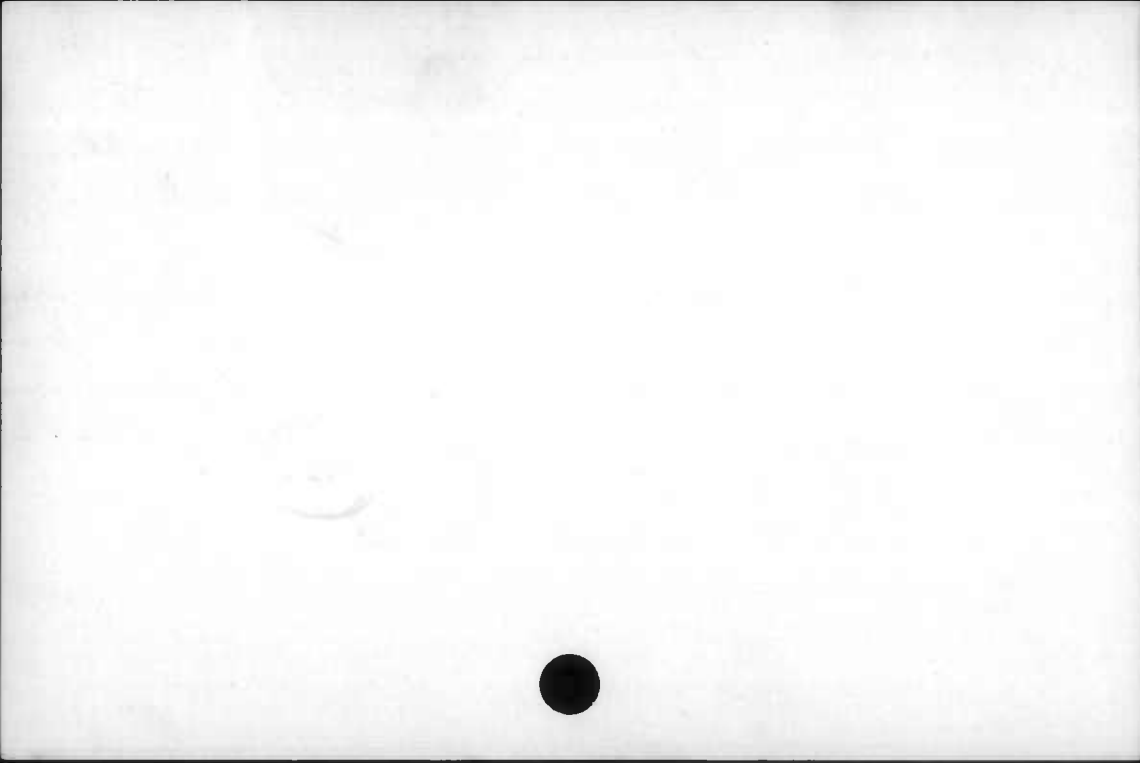
Died at		Town Pocomoke		County Wicomico		MARYLAND	
Date of death		1909	Month 3	Day 19	Age Years 67	Months	Days 10
Sex Male		Color or Race white		Birth- place Md			
Occupation None				Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband		Mary J. Howard	
Father's Name		John Howard		Father's Birthplace		Md	
Mother's Maiden Name		Catherine Murrell		Mother's Birthplace		Md	
Name of person giving Information		W. T. Howard Jr.		How related to deceased		Son	

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	Acute Indigestion	How long	2 hours
Immediate	collapse	How long	1 hour
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. J. Milam	
Address		Pocomoke City	
Accident or Suicide?		✓	





Name  
in  
Full

Margaret A. Julian

140  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at Premake City Town Premake County Premake MARYLAND

Date of death 1909 Month Feb Day 20 Age 78 Years Months 4 Days 9

Sex Female Color or Race White Birth-place Premake Co

Occupation None Where Residing if not at place of death ✓

Married, Single or Widowed Widow Name of Wife or Husband Unknown

Father's Name William Clarke Father's Birthplace Premake Co

Mother's Maiden Name Julian Hallgren Mother's Birthplace Premake Co

Name of person giving information Edgar Pretaine How related to deceased Son-in-law

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Some form of pulmonary trouble How long 12 years

Immediate Sudden collapse due to pneumonia How long 1 hour

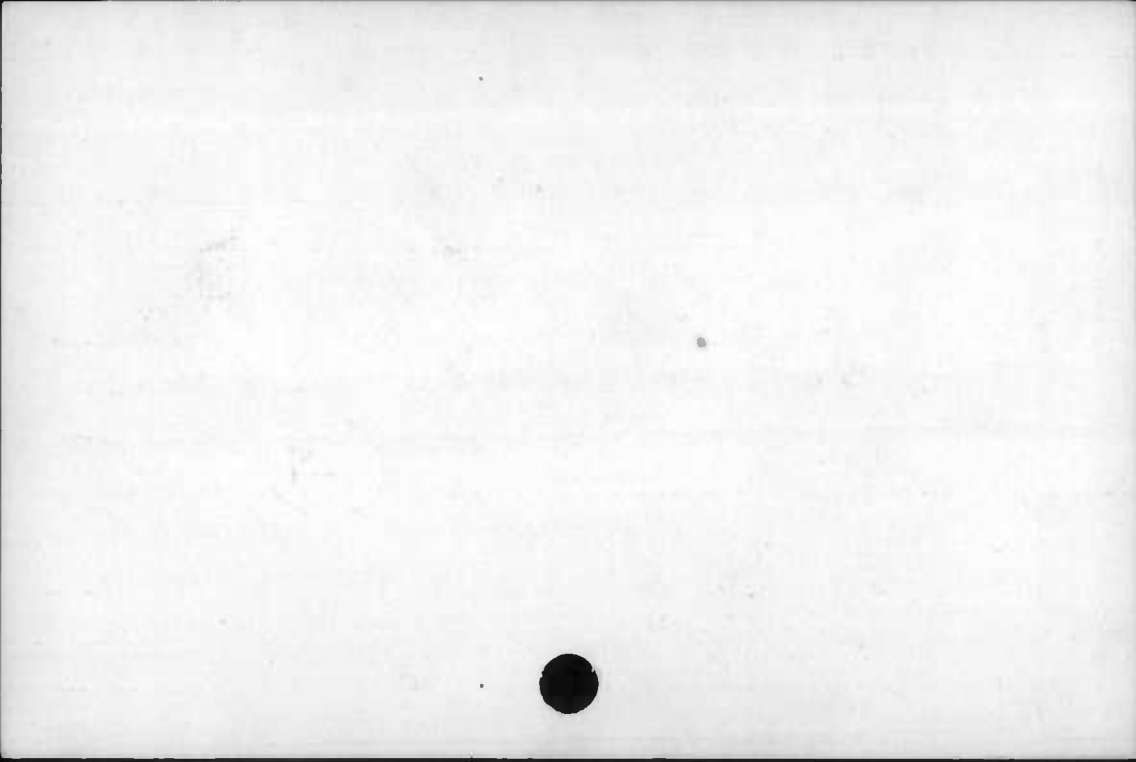
Are the name, age, sex, color, date and place correctly given above? Witness Signature of Physician R. Peetoe

Address

Premake City, Tenn

Accident or Suicide?

It had not been my privilege to see the deceased until about half hour before death



Name  
in  
Full

Hilda W. Mumford

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

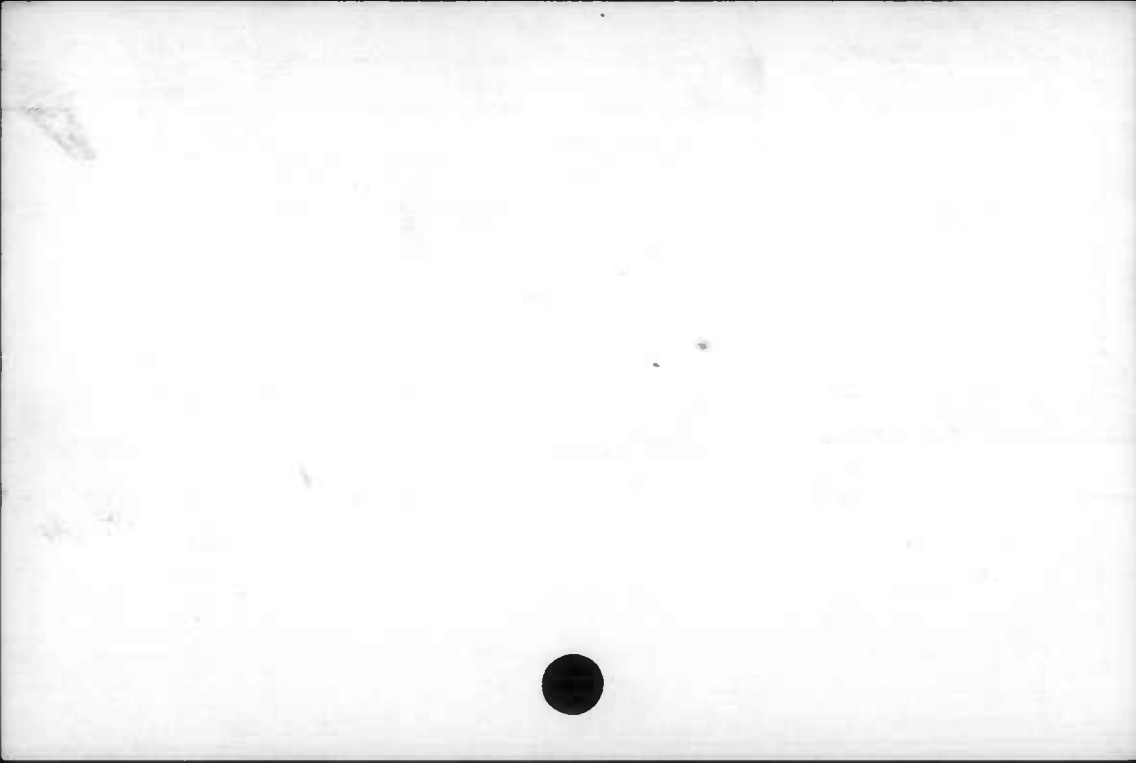
Died at <i>Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>3</i>	Day <i>18</i>	Age <i>0</i>	Months <i>10</i>	Days <i>0</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Worcester Co., Md.</i>		
Occupation <i>None</i>		Where Residing if not at place of death <i>at place of death</i>			
Married, Single or Widowed		Name of Wife or Husband <i>None</i>			
Father's Name <i>William C. Mumford</i>		Father's Birthplace <i>Snow Hill, Md.</i>			
Mother's Maiden Name <i>Sadie E. Ritchie</i>		Mother's Birthplace <i>Worcester Co. Md.</i>			
Name of person giving Information <i>William C. Mumford</i>		How related to deceased <i>Sister</i>			

## CAUSES OF DEATH

91

PHYSICIAN  
OR CORONER

Primary	<i>Capillary Bronchitis</i>	How long <i>2 weeks</i>
Immediate	<i>Cardiac Failure</i>	How long <i>1 day</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. W. A. Strangman</i>
		Address <i>Snow Hill - Md.</i>
<i>Accident or Suicide</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

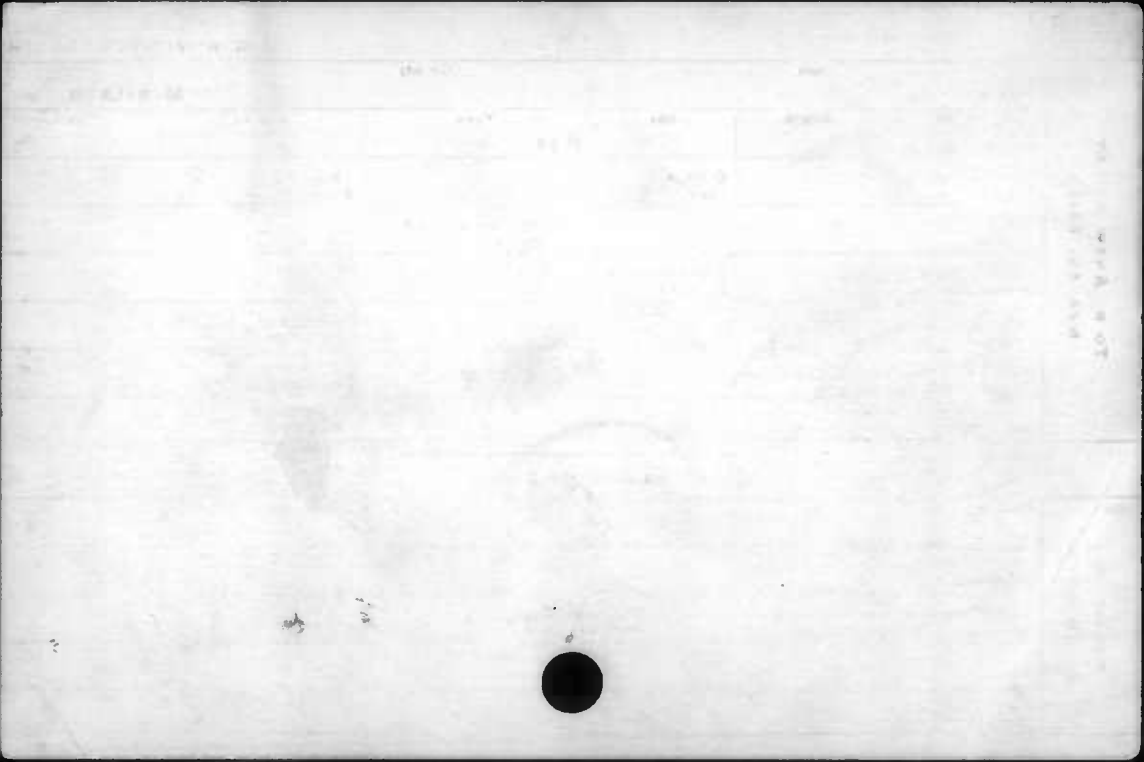
Name <i>Wm Giblet</i>		Town <i>Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Snow Hill</i>		Month <i>March</i>		Day <i>20th</i>		Years <i>1</i>	
Date of death <i>1909</i>		Month <i>March</i>		Day <i>20th</i>		Years <i>1</i>	
Age <i>13</i>		Months <i>13</i>		Days <i>13</i>			
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Wm C Giblet</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Mary A Giblet</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving Information <i>Wm Giblet</i>				How related to deceased <i>father</i>			

## CAUSES OF DEATH

9

PHYSICIAN  
OR CORONER

Primary	<i>cold or croup</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>No Physician</i>
		Address <i>oto Snow Hill</i>
Accident or Suicide		<i>Ind</i>



Name  
in  
Full

Solomon Powell

## CERTIFICATE OF DEATH

Town

County

Died at

Boe Iron

Worcester Co

MARYLAND

Date

of death

1909

Month

March

Day

31

Years

Age

80

Months

10

Days

25

Sex

Male

Color or  
Race

White

Birth-  
place

Boe Iron

Occupation

Farmer

Where Residing if not  
at place of death

Boe Iron

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Elizabeth Powell

Father's  
Name

Levin Powell

Father's  
Birthplace

Worcester Co

Mother's  
Maiden Name

Elizabeth

Mother's  
Birthplace

Don't know

Name of person giving  
Information

Alia Powell

How related  
to deceased

Son-in-law

## CAUSES OF DEATH

Primary

Suicide delirium

How long

154

Immediate

" "

How long

4 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

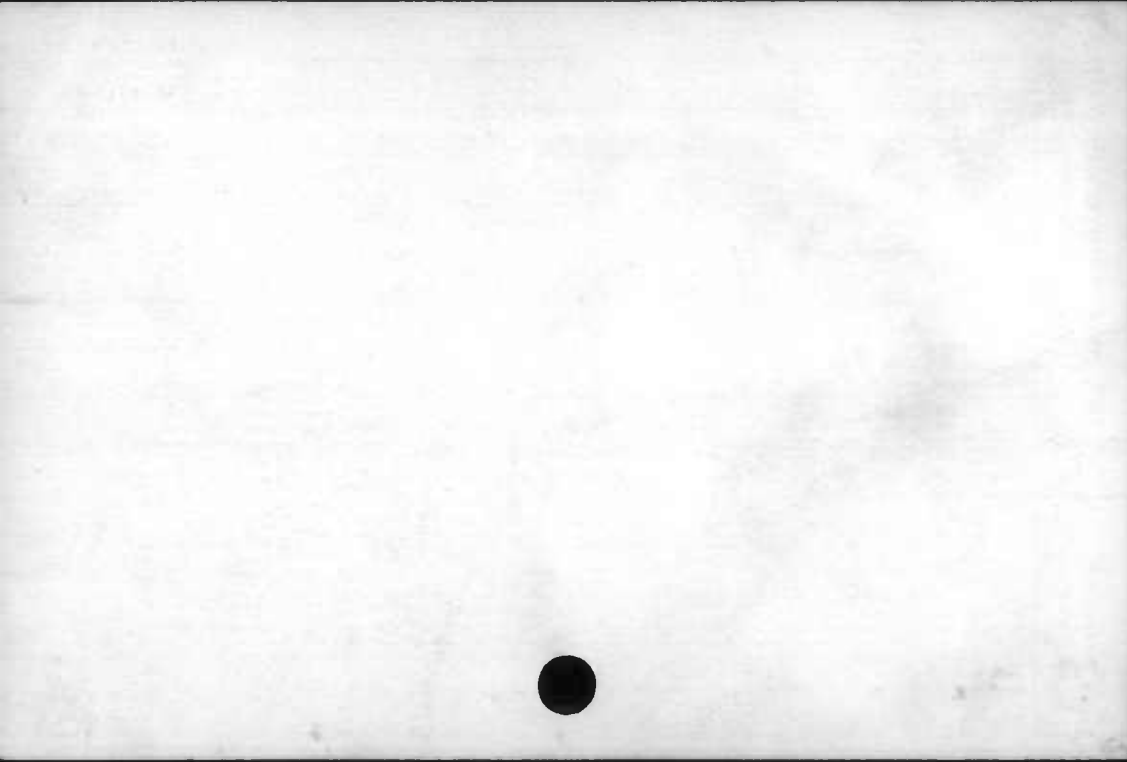
Signature of  
Physician

Address

John L. Riley  
Snow Hill  
Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

Dr. James B. R. Purcell

Town

County

MARYLAND

Died at

Snow Hill

Worcester

Date

of death

1909

Month

March

Day

7

Years

Age

80

Months

1

Days

22

Sex

Male

Color of  
Race

White

Birth-  
place

Worcester Co., Md.

Occupation

Physician

Where Residing if not  
at place of death

at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Margaret S. Purcell

Father's  
Name

William W. Purcell

Father's  
Birthplace

Worcester Co., Md.

Mother's  
Maiden Name

Ellen F. Robins

Mother's  
Birthplace

Worcester Co., Md.

Name of person giving  
Information

Margaret S. Purcell

How related  
to deceased

Wife

## CAUSES OF DEATH

104

Primary

Senile Debility &amp; Acute Indigestion

How long

About 10 hours

Immediate

Cardiac Failure

How long

about 2 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

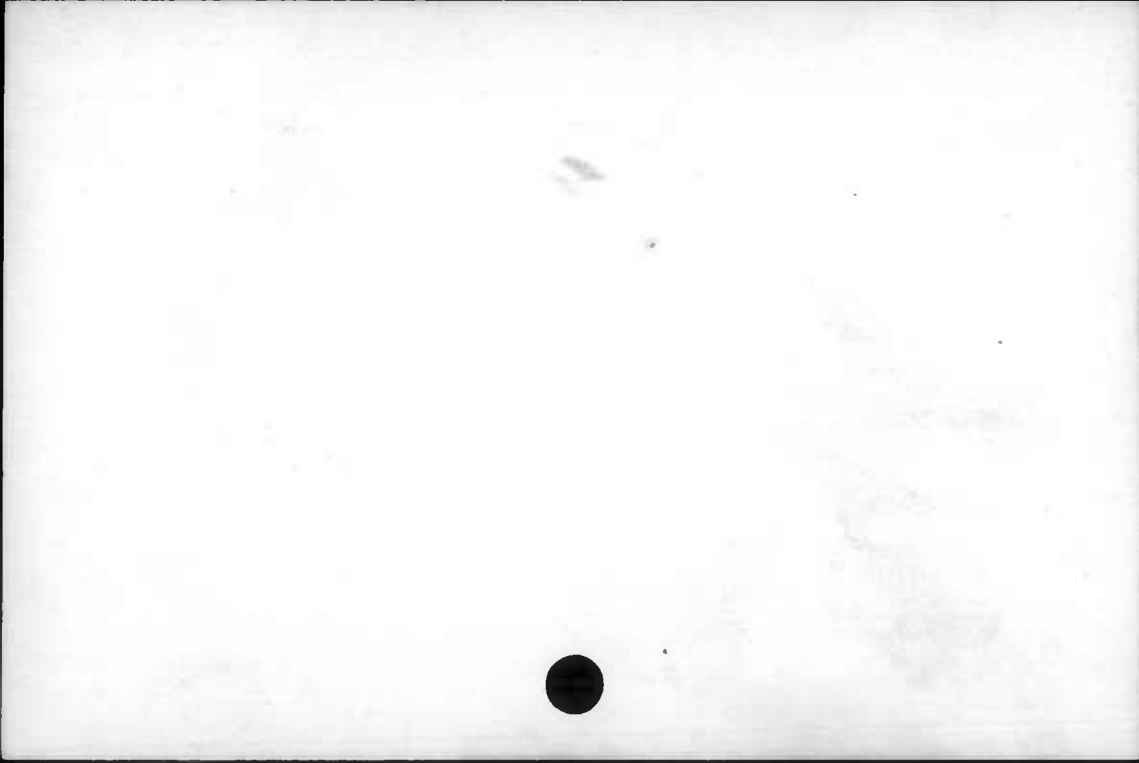
Dr. W. N. Strong

Address

Snow Hill. Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Lucy L. Purnell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Bethin* <sup>Town</sup> *Nov* <sup>County</sup> **MARYLAND**Date of death 190 *9* <sup>Month</sup> *Mar* <sup>Day</sup> *3* <sup>Years</sup> *Age* *68* <sup>Months</sup> <sup>Days</sup>Sex *Female* Color or Race *Colored* Birth-place *Bethin*Occupation *House keeper* Where Residing if not at place of deathMarried, Single or Widowed *Widow* Name of Wife or Husband *Severn Purnell*Father's Name *Unknown* Father's Birthplace *Unknown*Mother's Maiden Name *Mary Birch* Mother's Birthplace *Bethin*Name of person giving Information *James Forett* How related to deceased *Cousin*

## CAUSES OF DEATH

179

Primary *No. Dr in attendance* <sup>How long</sup> *unknown*Immediate <sup>How long</sup> *unknown*

Are the name, age, sex, color, date and place correctly given above?

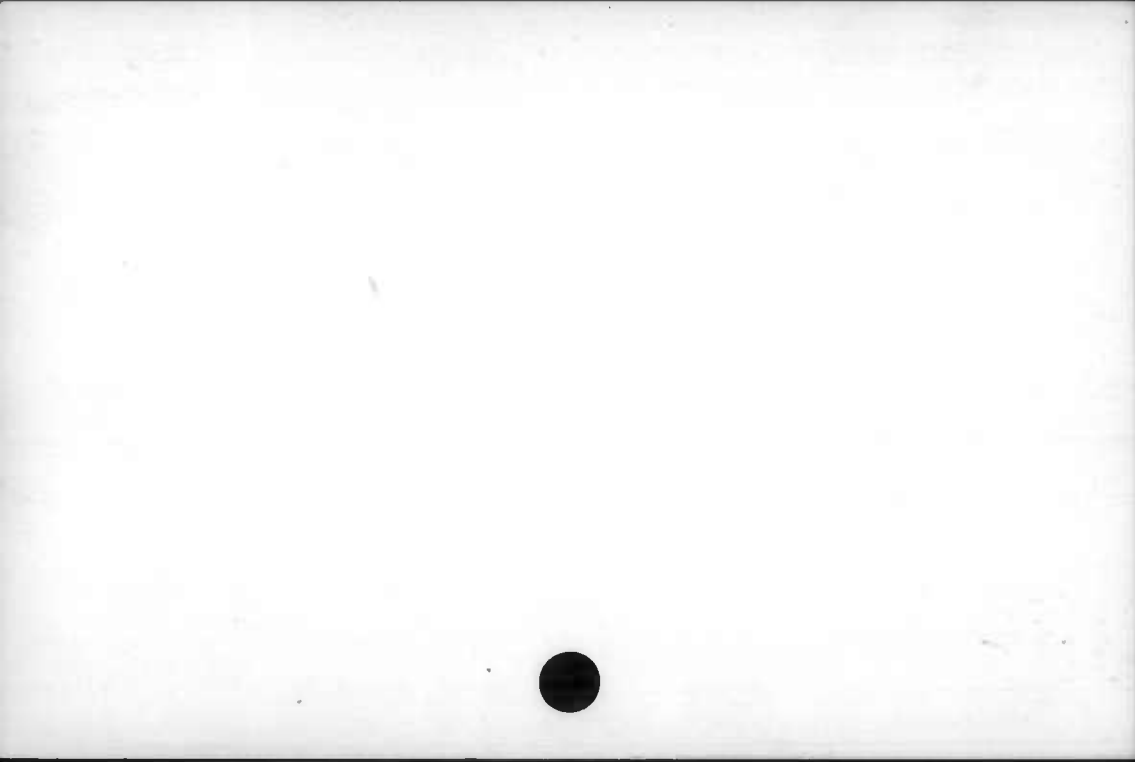
Signature of Physician

Address

*No Doctor**Dr. A. Massey*  
*J.H.O.*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in Full Ryan, Claude P.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Showell, <sup>County</sup> Worcester MARYLAND

Date of death <sup>Month</sup> 1909 <sup>Day</sup> Mar <sup>Years</sup> 3 <sup>Months</sup> 4 <sup>Days</sup> 5

Sex Male Color or Race White Birth-place Showell, Md

Occupation Telegraph operator Where Residing if not at place of death Home

Married, Single or Widowed Single Name of Wife or Husband

Father's Name John M. Ryan Father's Birthplace Worcester Co

Mother's Maiden Name Campbell (Annie B.) Mother's Birthplace Campbell, Md.

Name of person giving Information J.M. Ryan, How related to deceased Father.

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

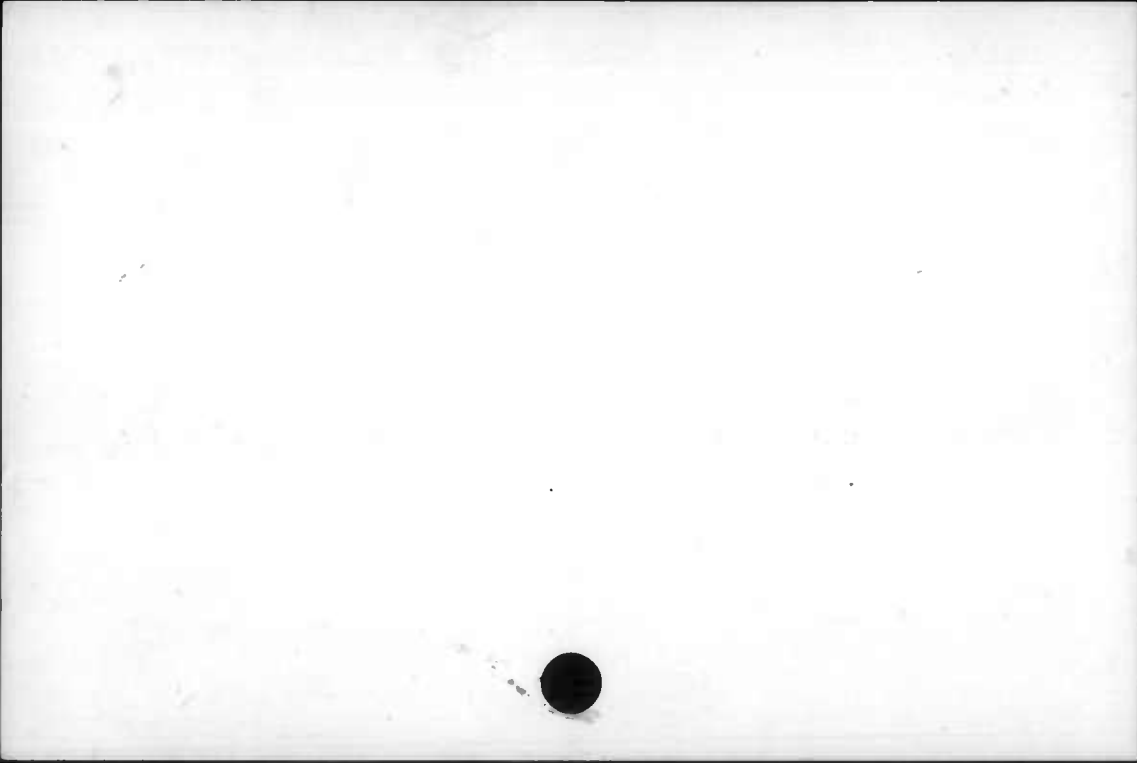
Primary Pulmonary T. B. How long 3 years

Immediate Hypostatic pneumonia How long 3 da.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician J. R. [Signature] Address Showell, Maryland.

Accident or Suicide



Name  
in  
Full

Cyrus Limmous

12

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

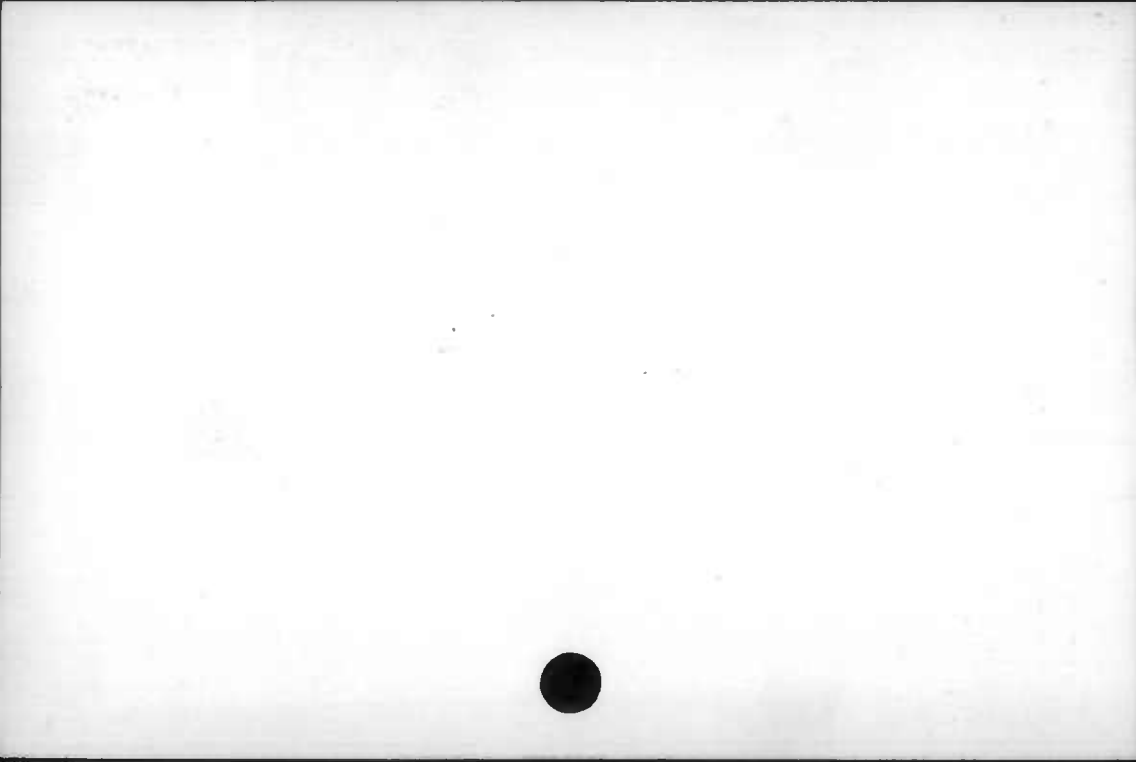
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Mar.	10	82			
Sex		Color or Race		Birthplace			
Male		Col.		Whaleyville			
Occupation				Where Residing if not at place of death			
None							
Married, Single or Widowed		Name of Wife or Husband					
Single		Leah Limmous					
Father's Name				Father's Birthplace			
Isaac Limmous				Whaleyville			
Mother's Maiden Name				Mother's Birthplace			
Unknown				Unknown			
Name of person giving Information				How related to deceased			
Geo. Limmous				Son			

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	How long
	Unknown
Immediate	How long
No Dr in Attendance	Unknown
Are the name, age, sex, color, data and place correctly given above?	Signature of Physician
No doctor	No doctor
	Address
	O.R. H. A. Massey
Accident or Suicida	





Name  
in  
Full

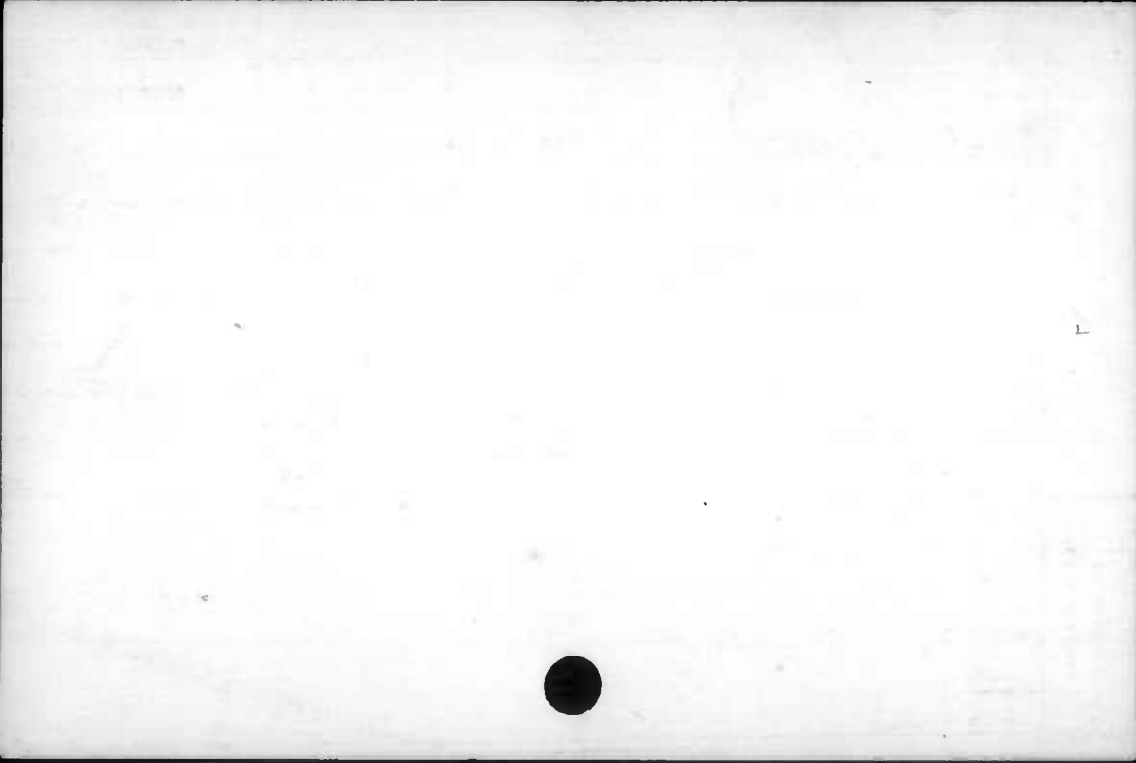
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Sally Stanford</i>		Town <i>Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Snow Hill</i>		Month <i>Mar</i>		Day <i>19</i>		Years <i>6</i>	
Date of death <i>1909</i>		Age <i>6</i>		Months <i>6</i>		Days <i>—</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Ind</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>					
<del>Married</del> , Single or <del>Widowed</del>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Wm S. Stanford</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Mary E. Payne</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving Information <i>Wm S. Stanford</i>		How related to deceased <i>Father</i>					

PHYSICIAN  
OR CORONER

CAUSES OF DEATH		How long
Primary <i>Accidentally fell into a fire-place</i>	<i>Burn</i>	
Immediate <i>Pneumonia</i>		<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John L. Riley</i>
		Address <i>Snow Hill Ind</i>
Accident or Suicide		



Name  
in  
Full

John B. Simmons

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

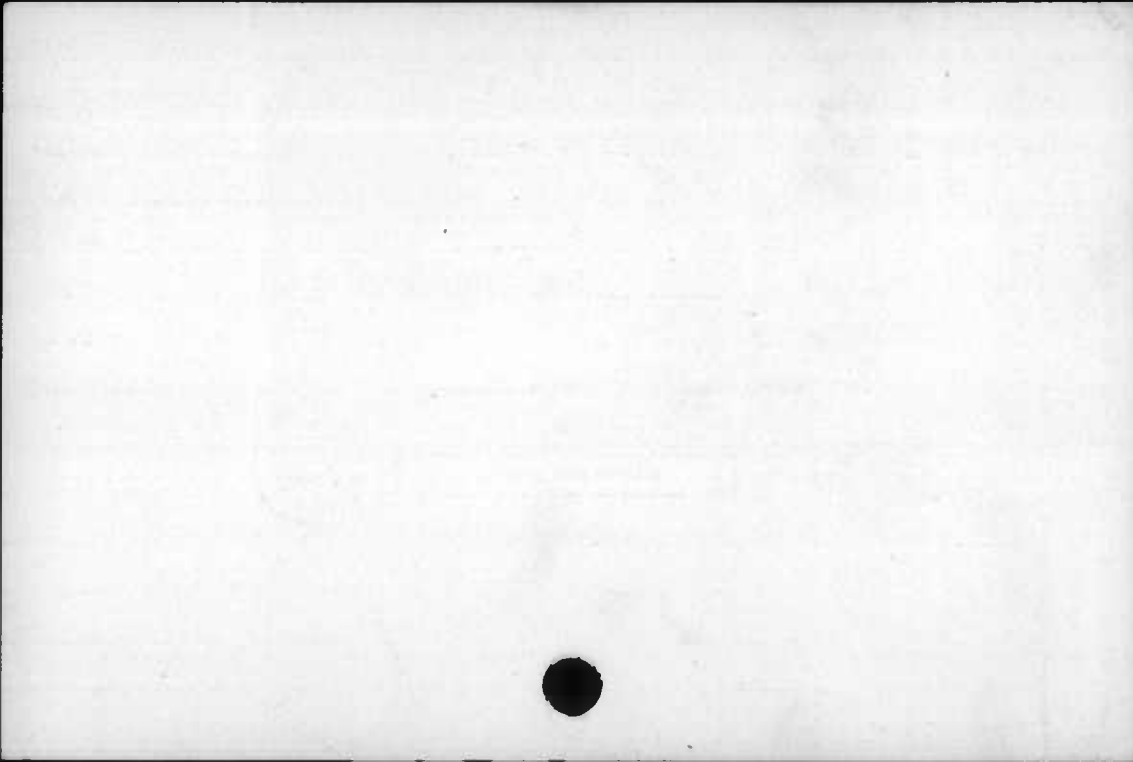
Died at <i>near Snow Hill</i>		County <i>Thorcist</i>		MARYLAND	
Date of death <b>1909</b>	Month <i>Mar.</i>	Day <i>30</i>	Age <i>84</i>	Months <i>—</i>	Days <i>16</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Wor. Co. Md</i>		
Occupation <i>Retired farmer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Annie M. Simmons</i>				
Father's Name <i>John Simmons</i>	Father's Birthplace <i>Wor. Co. Md</i>				
Mother's Maiden Name <i>Katherine Simmons</i>	Mother's Birthplace <i>Wor. Co. Md</i>				
Name of person giving information <i>Jm Simmons</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

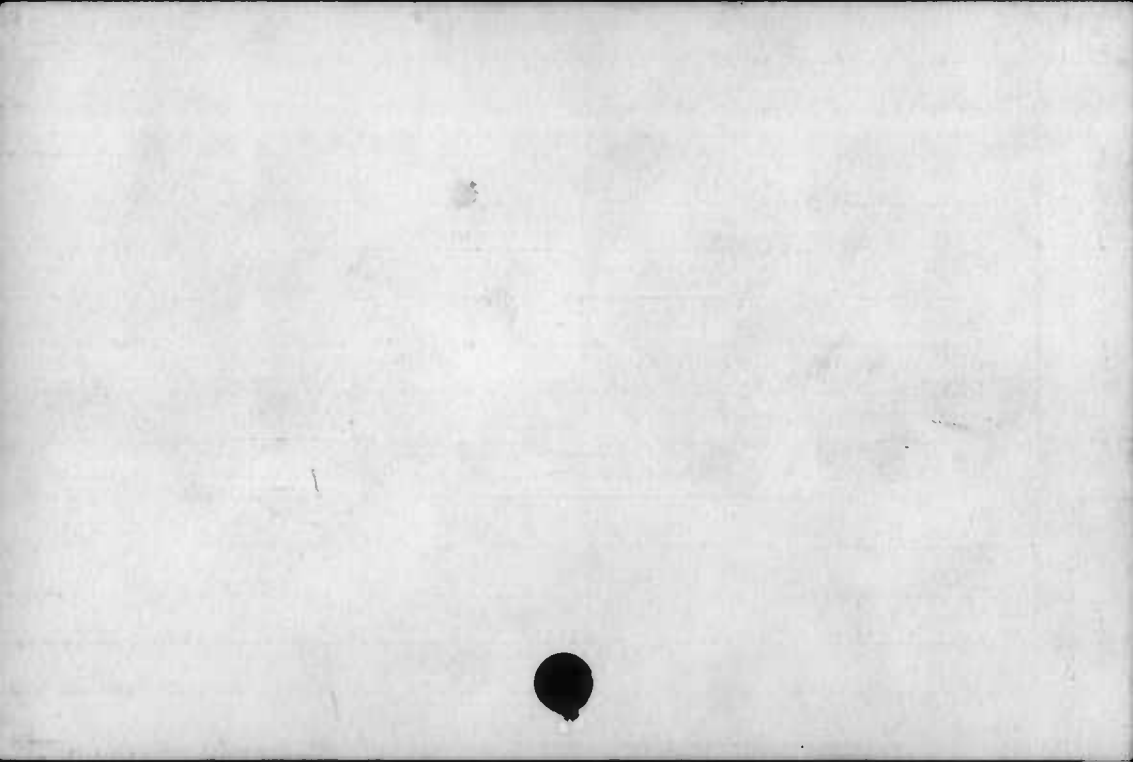
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PHYSICIAN  
OR CORONER

Primary <i>Natural decline</i>	How long <i>2 yrs</i>
Immediate <i>Diarrhoea</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Paul Jones</i>
	Address <i>Snow Hill Md</i>
Accident or Suicide?	



Name in Full		GEO. A. Waters				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Snowsill</i>		Town		<i>Horacut</i>		County
	Date of death <i>1909</i>		Month <i>March</i>	Day <i>27</i>	Age <i>—</i>	Years	Months <i>14</i>
	Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
	Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>				
	Father's Name <i>Theodore Milbourn</i>				Father's Birthplace <i>Maryland</i>		
	Mother's Maiden Name <i>Priscilla Waters</i>				Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Priscilla Waters</i>				How related to deceased <i>Mother</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Bronchitis</i>				How long <i>2 weeks</i>		
	Immediate <i>Pneumonia</i>				How long <i>2 days</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>Paul Jones</i>		
					Address <i>Snowsill</i>		
	Accident or Suicide?						



Name  
in  
Full157  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Pocomoke City</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death	<i>1909</i> <small>Month</small>	<i>Feb</i> <small>Day</small>	<i>7</i> <small>Age</small>	<i>80</i> <small>Years</small>	<i>✓</i> <small>Months</small>
<i>Female</i> <small>Sex</small>	<i>Colored</i> <small>Color or Race</small>	<i>Pocomoke Co., Md</i> <small>Birth-place</small>		<i>✓</i> <small>Days</small>	
<i>Domestic</i> <small>Occupation</small>		<i>✓</i> <small>Where Residing if not at place of death</small>			
<i>Widow</i> <small>Married, Single or Widowed</small>	<i>Unknown</i> <small>Name of Wife or Husband</small>				
<i>Don't know</i> <small>Father's Name</small>			<i>Unknown</i> <small>Father's Birthplace</small>		
<i>Don't know</i> <small>Mother's Maiden Name</small>			<i>Unknown</i> <small>Mother's Birthplace</small>		
<i>James Rager</i> <small>Name of person giving Information</small>			<i>Son</i> <small>How related to deceased</small>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

<i>Primary</i> <small>Primary</small>	<i>90</i> <small>How long</small>
<i>Exhaustion</i> <small>Immediate</small>	<i>About a week</i> <small>How long</small>
<i>✓</i> <small>Are the name, age, sex, color, date and place correctly given above?</small>	<i>R. Peetree</i> <small>Signature of Physician</small>
	<i>Pocomoke City, Md</i> <small>Address</small>
<i>Accident or Suicide?</i>	

